

Board of Health, City of Baltimore.

Permit No. 99310 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1887 at 2 o'clock a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Matilda Millar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness, Three days

the above info. must be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Apr-20th 1887

Undertaker, Wm. Weaver

Place of Business, #738 N. Eutan Address, 201 W. Franklin St.

Christopher Johnston Jr. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99311 Office of Registrar of Vital Statistics. Ward 4ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17, 1887

Full Name of Deceased, Emma Anna Hänsler
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female ~~Male~~ { Cross out the word not required in this line. }

Age, 3 Years, 26 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, None

Birth Place, Ind. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, 59 1/2 Central Ave { Give Street and Number. }

Cause of Death, Chorea minor
Eclampsia { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gene.

Date of Burial, April 18, 1887,

Undertaker, Henry Mc Ginnis M. D.

Place of Business, 1200 N. Centre Address, 1200 N. Centre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99312 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Brooks.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male.

Age, _____ Years, _____ Months, 5 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1352 Cleaveland St.

Cause of Death, { First (Primary), _____ Second (Immediate), Spasms.

Duration of Last Sickness, One day.

Place of Burial, Western Park Cem.

Date of Burial, April 19th 1887

{ Undertaker, Geo. E. Brown. } { Comm' of Health & Registrar } M. D.

{ Place of Business, City- } { Address, _____ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John E. Downing Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99313 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthew McNamee

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give Street and Number. } 724 Enoch St

Cause of Death, { First (Primary), Cholera-Morbida }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, April 18th 1887

{ Undertaker, James P Byrne } Medical Attendant, Leok Reynolds M. D.

{ Place of Business, 63 North Lind St } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS, BALTIMORE CITY, MD. 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99314 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Authn. Washington

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3. Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 204 Pearl St.

Cause of Death, { First (Primary), Cold.

{ Second (Immediate), Consumption

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 19 1887

{ Undertaker, John C. Owings } James A. Stearns M. D.

{ Place of Business, } Comm'n of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John C. Owings Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 99315 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernestina Brunk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 1356 Garrett Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis
3 months Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, 1st German Cemetery

Date of Burial, April 19th 1887

{ Undertaker, Wm. Nicolaus } Charles Brooks M. D.

Medical Attendant.

{ Place of Business, 1715 Alice Ave } Address, 578 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99316 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Fischer

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City ✓

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 608 William St.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 19 April

{ Undertaker, Julius Kuchler } B. J. H. Tall. M. D. Medical Attendant.

{ Place of Business, Chesapeake } Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 99317 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 16th of Apr 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Alldridge

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 44 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, Thirty yrs

Place of Death, { Give Street and Number. } 19 Dunn St

Cause of Death, { First (Primary), _____
Second (Immediate), _____ } Chronic Dysentery
Exhaustion

Duration of Last Sickness, 2 1/2 mos

All the above information should be furnished by the Physician

Place of Burial, Louisa Park

Date of Burial, April 19th 1887 } B F Phillips M. D.
Undertaker, H. Lewis Schaefer } Medical Attendant.

Place of Business, 316 N. Fremont Address, 736 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99318

Office of Registrar of Vital Statistics.

Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Gebke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give Street and Number. } No 720 S. Ann St

Cause of Death, { First (Primary), Second (Immediate), } Calculus disease of the Heart
Dropsy

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 19th 87

{ Undertaker, E. France } Thomas D. Evans M. D.
Medical Attendant.

{ Place of Business, 29 Jan & Wolf } Address, 22 Jackson Square (Goth)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 99319 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th. 1887 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha D. Rice -

Sex, Male or Female, { Cross out the word not } Female
required in this line. {

Age, 20 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not }
required in this line. { Married }

Occupation, None

Birthplace, { State or country, and how }
long in the United States, {
if of foreign birth. {

Balto., Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and } new no. 1517 Pharmacia St.
Number.

Cause of Death, { First, (Primary,)
Second, (Immediate,) *Typhoid Fever*

Duration of Last Sickness, *Two weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Schwartz, B. ground* *Lower Canton*

Date of Burial, April 20th 1877

(Undertaker, *M. A. Bayne, Atty* Medical Attendant.

Place of Business, 229 S. Broadway, Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]